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Under the provisions of the Affordable Care Act (ACA), a large number of individuals experiencing homelessness qualify for full-scope Medi-Cal, including specialty mental health services for those with severe mental illness as well as substance use disorder benefits. Many of the critical services provided by the County to people experiencing homelessness (including outreach, assessment, service linkage, care coordination, case management, housing-related activities, treatment planning, primary health care, mental health treatment, and substance abuse treatment) are reimbursable costs under Medi-Cal. However, many of the County's systems for the provision of these services do not serve individuals or families experiencing homelessness very well. People experiencing homelessness face significant barriers to accessing services, and they also often have complex health histories that make it difficult to effectively utilize traditional treatment models.

The County has repeatedly demonstrated ways to effectively serve these individuals and families. Demonstration projects, including the Department of Mental Health's Integrated Mobile Health Teams and Multidisciplinary Integrated Teams have shown great success. Similarly, the Department of Health Services' Intensive Case

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Management Services program has been extremely successful in serving homeless individuals who are frequent users of the County's health services. Unfortunately, so far, these models are only available to a very small fraction of people experiencing homelessness in the County.

At the same time, the County invests millions of dollars each year to build permanent supportive housing, but has no mechanism to ensure that each unit of permanent supportive housing is paired with an adequate level of services, even though a portion, if not the majority, of the costs of these services could be reimbursable through Medi-Cal.

Currently, the main barrier to expanding housing and services for people experiencing homelessness is that the County often relies on scarce net County cost dollars to fund homeless housing and services. As the County adopts the recommended strategies in the Homeless Initiative, it is imperative that we redouble our efforts to leverage Medi-Cal, to the greatest extent possible, to fund services for people experiencing homelessness.

**WE, THEREFORE, MOVE** that the Board of Supervisors direct the Health Agency, in collaboration with the Chief Executive Officer and the Los Angeles Homeless Services Authority, to report back to the Board of Supervisors on a quarterly basis for one year regarding the following items:

- 1) Descriptions of health, mental health, substance abuse treatment, housing-related and/or social service programs targeted to people experiencing homelessness, or who have experienced homelessness in the past, for which the County is drawing down Medi-Cal support. These descriptions shall include a list of all funding sources used to fund these programs and the percentages of costs allocated to each source, the number of individuals or households experiencing

homelessness that utilize these services, any plans for increasing Medi-Cal reimbursement for these services and any plans for expanding services in the future;

- 2) A plan for increasing access to mental health and substance abuse treatment services for people experiencing homelessness. This plan should also discuss how the County can remove barriers to participation in treatment services. Examples of these barriers include: requiring people experiencing homelessness to seek treatment through clinics, requiring people experiencing homelessness to be assessed at a clinic before receiving treatment, denying treatment due to a co-occurring disorder, charging any sort of fees for service, rigid eligibility criteria that limits access to services based on age, geography, or other demographic factors and requiring abstinence or treatment compliance before accepting the individual into treatment services;
- 3) Opportunities to seek Medi-Cal reimbursement for outreach, bridge housing, housing-related activities, and rapid re-housing services included in the Homeless Initiative strategies, as well as opportunities to expand case management and integrated services available to homeless and formerly homeless individuals. A focus should be placed on designing procedures for Medi-Cal reimbursement that allow the County to expand services to more people and ensure that services are designed to utilize a “no-wrong door” approach to minimize barriers to access and ongoing service utilization; and
- 4) An analysis of successful models in other states for drawing down Medicaid reimbursement to fund services, bridge housing or other programs for people experiencing homelessness.

**WE FURTHER MOVE** that the Community Development Commission work with the Health Agency to create an inventory of all planned permanent supportive housing developments, including developments currently in the pipeline, identifying onsite services that are planned to be included in these developments, gaps in onsite services, and strategies for reducing these service gaps to ensure that every resident of permanent supportive housing funded by the County receives an appropriate level of case management, health care, mental health treatment, and substance abuse treatment.

S: MR/Medi-Cal